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PTO/SB/02A (3-97)

Approved for use through 6/30/98. OMB 0651-0032 Patent and Trademark Office; US DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. A petition has been filed for this unsigned inventor Name of Inventor Given Name (first and middle [if any]) Family Name or Surname Bicard Michael D. **Dated** Inventor's Signature Broand 10-7-04 US Residence: City Jenison State MI **Country** US Citizenship Post Office Address 2392 Baldwin Street US 49428 MI Zip Country City Jenison State A petition has been filed for this unsigned inventor Name of Inventor Given Name (first and middle [if any]) Family Name or Surname Runnals Nicholas J. Inventor's Signature Dated 10/7/04 US Citizenship Residence: City State ΜÌ **Country** Big Rapids **Post Office Address** 22902 - 13 Mile Road US Big Rapids ΜI Zip 49307 Country City State A petition has been filed for this unsigned inventor Name of Inventor Given Name (first and middle [if any]) Family Name or Surname Dated Inventor's Signature Residence: City State **Country** Citizenship Post Office Address City Zip State **Country** A petition has been filed for this unsigned inventor Name of Inventor Family Name or Surname Given Name (first and middle [if any]) Inventor's Signature **Dated** Residence: City State Country Citizenship Post Office Address Country City State Zip A petition has been filed for this unsigned inventor Name of Inventor Family Name or Surname Given Name (first and middle [if any]) Inventor's Signature Dated Residence: City State Country Citizenship Post Office Address City State Zip Country

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DECLARATION FOR		Attorney Dock	ket No.	70	639-0028		
<b>UTILITY OR DESIGN</b>		First Named Inventor		· Da	vid A. Scheidmantel		
PATENT APPLICATION			COMPLETE IF KNOWN				
		Application No	).	,			
□ Declaration	☐ Declaration	Filing Date					
submitted with or	submitted after	Group Art Unit					
initial filing	initial filing	Examiner Nam	e				
As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Vehicular Trim Component and Cover with Simulated Stitch and/or Seam Thereon							
Veniculai 111111 CC	<del>_</del> ,	itle of the Invention		701 Bealli .	Thereon		
the specification of which is attached hereto or	·	Š	,	D.C.T. I.			
					ternational Application		
Number:	and was amen	aea on		(11 applica	.ble).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.							
I hereby claim foreign priorit	ty benefits under Tit	le 35. United States	S Code 8	S119 (a)-(c	t) of any foreign		
application(s) for patent or ir							
designated at least one count	ry other than the Un	ited States of Amer	rica, list	ed below a	and have also identified		
below, by checking the box,							
international application hav							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)		Priority t Claimed	Certified Copy Attached YES NO		
		(	1				
				-			
	<del> </del>						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.							
Application Number (s)	Filing Date (	MM/DD/YY)	M/DD/YY) Additional provisional application numbers are listed on a supplementa				
60/481,603	11/	11/05/2003		priority data sheet PTO/SB/02B			
60/481,629	<del></del>	12/2003		attached			

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Patent and Trademark Office; US DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **DECLARATION - Utility Or Design Patent Application** I hereby claim the benefit under Title 35, United States Code \$120 of any United States application(s) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application **U.S Parent Application PCT Parent Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) Number (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Place Customer Registered practitioner(s) name/registration number listed below Number Bar Code Label Here Registration No. Name Registration No. Name John E. McGarry 22,360 G. Thomas Williams 42,228 Joel E. Bair 33,356 Michael F. Kelly 50,859 37,118 Mark A. Davis Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to Customer Number 20915 or Correspondence Address below or Bar Code Label G. Thomas Williams, Reg. No. 42,228 Name McGarry Bair PC Address 171 Monroe Avenue, NW, Suite 600 City, State, Zip Grand Rapids, Michigan 49503 **Telephone** 616-742-3500 Fax 616-742-1010 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor A petition has been filed for this unsigned inventor. Given Name (first and middle [if any]) Family Name or Surname David A. Scheidmantel Inventor's Signature Residence: City Rockford US State MI Country US Citizenship Post Office Address 9516 Myers Lake Avenue, N.E. City State Rockford MI Zip 49341 US Country

Additional inventors are being named on the 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.